

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003181

1. Entity Name

INDEPENDENT ELECTRICAL CONTRACTORS OF SOUTHWEST

Principal Place of Business

Mailing Address

3702 ESTEY AVE
#606
NAPLES FL 34104
US

P.O. BOX 7878
NAPLES FL 34101-7878
US

2. Principal Place of Business

3. Mailing Address

3702 Estey Avenue
Suite, Apt. #, etc.
#606

P.O. box 7878
Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34104

Country
USA

Zip
34101-7878

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0662253

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN DUYN, WILLIAM
3773 DOMESTIC AVE
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NUSZ, DUANE
4273 ENTERPRISE AVENUE
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3984 Progress Avenue

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LAWTON, DENNIS
3984 PROGRESS AVENUE
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BALTERMAN, CINDY
2016-A TRADE CENTER WAY
NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VAN DUYN, WILLIAM
3773 DOMESTIC AVE
NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DETWEILER, TRACY
4427 EXCHANGE AVENUE STE C
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3920 Progress Avenue

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia A. Balterman

5/10/00

941-598-3980

Date

Daytime Phone #

CR2E037 (9/99)